

# Los Angeles County Dept. of Mental Health

## Student Professional Development Program

2016-2017 Academic Year

*Complete this form for each discipline to be placed at this agency:*

- ☒ **Psychology**  
☒ Practicum  
☐ Clerkship/Internship  
☐ Externship  
☐ **Social Work**  
☐ Specialization: \_\_\_\_\_  
☐ Macro/Administrative  
☐ **MFT**  
☐ **Occupational Therapy**  
☐ **Other** (specify): \_\_\_\_\_

Service Area

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<b>DMH Agency:</b>	DMH PMRT
<b>DMH Agency Address:</b>	11303 W. Washington Blvd. Los Angeles Ca. 90066
<b>Agency Liaison:</b>	Irma Maldonado-Enriquez
<b>New or Returning</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Returning
<b>Liaison Email Address:</b>	Imaldonado Enriquez
<b>Liaison Phone Number:</b>	310-482-3260
<b>Liaison Fax Number:</b>	310-313-0768
<b>Agency ADA Accessible</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No" Identify: <u>YES ASSESSIBLE</u>

### *Student Requirements:*

<b>How many positions will you have?</b>	1
<b>Beginning and ending dates:</b>	Sept 2016-July 2017

*Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services):*

<b>Monday</b>	9 am - 5 pm
<b>Tuesday</b>	9 am - 5 pm
<b>Wednesday</b>	9 am - 5 pm
<b>Thursday</b>	9 am - 5 pm
<b>Friday</b>	9 am - 5 pm

*Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)*

<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	8am-12pm
<b>Thursday</b>	
<b>Friday</b>	
<b>Total hours expected to be worked per week:</b>	16 + hours
<b>How many clients would the student have at one time?</b>	None. Students will be responding as part of

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	Psychiatric Mobile Response Team to assess persons at risk for suicide, homicide, or grave disability due to mental illness. Call volume varies but at least 2 calls per day. Case management assignments will vary based on student level of experience.
<b>What cultural groups and language services are provided at your site?</b>	All ethnic and cultural groups: Hispanic, African American, Asian-Pacific.
<b>What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?</b>	Commitment for 9 to 10 months. Will honor county holidays. Will consider special requests.

*Provide a short description of your site and services offered:*

<b>Mobile response to the communities of Los Angeles County. PMRT assess persons at risk for suicide, homicide, or grave disability due to mental illness. Linkage to mental health services, psychosocial education, Columbia-Suicide Severity rating scales.</b>

*Students will provide services for (please check all that apply):*

<input checked="" type="checkbox"/> <b>Individuals</b>	<input checked="" type="checkbox"/> <b>Consultation/Liaison</b>
<input type="checkbox"/> <b>Groups</b>	<input type="checkbox"/> <b>Psycho-Educational Groups (e.g. Parenting)</b>
<input type="checkbox"/> <b>Families</b>	<input checked="" type="checkbox"/> <b>Community Outreach</b>
<input type="checkbox"/> <b>Children 0-5</b>	<input type="checkbox"/> <b>FSP</b>
<input checked="" type="checkbox"/> <b>Children &amp; Adolescents</b>	<input type="checkbox"/> <b>FCCS</b>
<input checked="" type="checkbox"/> <b>Adults</b>	<input type="checkbox"/> <b>Specialized Foster Care</b>
<input checked="" type="checkbox"/> <b>Older Adults</b>	<input type="checkbox"/> <b>AB109</b>
<input type="checkbox"/> <b>Court/Probation referred</b>	<input type="checkbox"/> <b>Veterans</b>

*Evidenced Based Practices/Promising Practices offered at your agency:*

<input type="checkbox"/> <b>Child-Parent Psychotherapy</b>	<input type="checkbox"/> <b>Seeking Safety</b>
<input type="checkbox"/> <b>Crisis Oriented Recovery Services</b>	<input type="checkbox"/> <b>Trauma Focused Cognitive Behavioral Therapy</b>
<input type="checkbox"/> <b>Dialectical Behavior Therapy</b>	<input type="checkbox"/> <b>Triple P – Positive Parenting Program</b>
<input type="checkbox"/> <b>Families Overcoming Under Stress</b>	<input type="checkbox"/> <b>Other (Specify) School Threat Assessment</b>
<input type="checkbox"/> <b>Managing and Adapting Practices</b>	<input type="checkbox"/> <b>Other (Specify)</b>

*Students will provide (please check all that apply):*

<input type="checkbox"/> <b>Brief Treatment</b>	<input type="checkbox"/> <b>Screening and Assessment</b>
<input type="checkbox"/> <b>Long – Term Treatment</b>	<input checked="" type="checkbox"/> <b>Crisis Intervention</b>
<input type="checkbox"/> <b>For Psychology Students Only:</b> Testing percentage: Treatment percentage:	

What are the most frequent diagnostic categories of your client population?

Schizophrenia, Bipolar Disorder, PTSD, Major Depression, Drug Induced Psychosis.
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What specific training opportunities do students have at your agency?

Crisis intervention, critical incident stress management, violence threat risk assessment, diagnosis and case management, Tarasoff/DCFS and other reporting requirements. Workplace violence and targeted school violence consultation and assessments.

What theoretical orientations will students be exposed to at this site?

CBT-Trauma Focused, Psychodynamic.

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Licensed Psychologists  
Licensed Psychiatric Social Workers  
Licensed Psychiatric Technician  
Medical case worker (unlicensed)

Does your agency have Peer Specialists or Service Extenders providing services?

Yes ☐

No ☒

List locations where students will be providing services **other than agency**?

West-LA, Santa Monica, Torrance, Hawthorne, Venice

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes ☐

No ☒

## ***Supervision:***

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
Individual	1 hour PMRT 5	Psy.D./ LCSW
Group	2 hours	Psy.D./ LCSW
Individual & Group		

Do you have one or more staff, who is licensed by:

☒ California Board of Psychology

☒ California Board of Science

☐ California Board of Examiner

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes ☒

No ☐

B. Weekly staff meetings

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Yes ☒ No ☐

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes ☒ No ☐

*Students will be evaluated through (please check all that apply):*

<input checked="" type="checkbox"/> Direct observation by clinical staff of student's clinical work	<input type="checkbox"/> Review of audio or video recording of student's sessions
<input checked="" type="checkbox"/> Report of clinical work in supervision	<input checked="" type="checkbox"/> Review of student's written clinical notes
<input type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input type="checkbox"/> Other (specify):

## ***Selection of Students:***

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes ☒ No ☐

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes ☐ No ☒

Does your agency prefer the student to work from a particular theoretical orientation?

Yes ☐ No ☒ If yes, please specify: \_\_\_\_\_

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so, please explain.

This placement is not for entry level student. Students must be physically able to manage field work and inherent challenges.

## **Agency Application Process**

Does your agency have any formal application process required of students beyond what is listed above?

Yes ☐ No ☒ If yes, please specify

Please specify dates your agency accepts students Open

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Supervision will be in compliance with professional standards established by the following:

☒ APPIC

☐ AAMFT

☐ NASW

☐ Other (specify): \_\_\_\_\_

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box



DMH Staff completing this form:

Name: Francisco Tan, Ph.D.

Title: Clinical Psychologist

Supervisor's Name: Monica Rodriguez-Finston

Title: Supervisor

Date of Completion:

02/08/2016